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EXHIBIT 3
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HB 365

Summary of the 2005 Montana Youth Risk Behavior Survey High School students administered by the Office of Public Instruction.

25.6 % of the surveyed students in Montana felt so sad or hopeless for two week or more in a row they stopped doing some usual activity during the past 12 months.

17.5% of the surveyed students in Montana seriously considered attempting suicide during the past 12 months.

14.6% of the surveyed students in Montana made a plan about how they would attempt suicide during the past 12 months.

10.3% of the surveyed students in Montana actually attempted suicide during the past 12 months.

3.1% of the surveyed students in Montana had a suicide attempt resulting in injury, poisoning, or overdose that required medical treatment in the past 12 months.

If you don't believe these statistics, just ask your daughter, son, grandson, granddaughter, niece, nephew or the next door neighbor kid what their thoughts are!

Summary of the 2006 Prevention Needs Assessment Survey Administered by Department of Public Health and Human Services.

30% of surveyed students in Montana sometimes think life is not worth it.

40.6% of surveyed students in Montana at times think they are no good at all.

18.7% of surveyed students in Montana "All in all, I am inclined to think I am a failure."

38.7% of surveyed students in Montana in the past year, have felt depressed or sad MOST days, even if they felt OK sometimes.

NAMI Responds to Attacks on Mental Health Screening and President Bush's New Freedom Commission Report

NAMI is extremely pleased that Goal 4 of President Bush's New Freedom Commission report (NFC) on mental health calls for mental health screening. Here is the goal and recommendations:

Goal 4 Early Mental Health Screening, Assessment, and Referral to Services Are Common Practice.

Recommendations

- 4.1 Promote the mental health of young children.
- 4.2 Improve and expand school mental health programs.
- 4.3 Screening for co-occurring mental and substance use disorders and link with integrated treatment strategies.
- 4.4 Screen for mental disorders in primary health care, across the life span, and connect to treatment and supports.

The NFC report identified the Columbia University TeenScreen Program as a model program. The TeenScreen program is designed to identify youth that may be at risk for suicide or suffering from an untreated mental illness and links those youth with a mental health professional for an appropriate evaluation.

The release of the NFC report resulted in some groups attacking Goal 4 of the report and the TeenScreen program. The groups that have organized these attacks have attacked psychiatry for years. They are using gross distortions about the TeenScreen program and the NFC report to build support in opposition to screening.

Why is mental health screening so important?

To date, our nation has failed to identify the overwhelming majority of children and adolescents living with mental illnesses.

- 4,000,000 children and adolescents in this country suffer from a serious mental illness that significantly impairs their functioning at home, school, and with peers.
- 21% of our nation's children have a diagnosable mental or addictive disorder that causes at least minimal impairment in their lives.
- Alarming, in any given year, only 20% of children and adolescents with mental illnesses are identified and receive services, leaving the other 80% behind.
- Research shows that early identification and intervention minimizes the long-term disability of mental illnesses.

What are the most serious consequences of untreated mental illnesses in children and adolescents?

- Suicide is the 3rd leading cause of death in youth aged 15 to 24. More teens and young adults die from suicide than from cancer, heart disease, AIDS, birth defects, stroke, pneumonia, influenza, and chronic lung disease combined.
- Research shows that over 90% of youth who commit suicide have a mental illness.
- School failure – approximately 50% of students with a mental illness age 14 and older drop out of high school, the highest drop out rate of any disability group.

girls in juvenile detention have at least one mental disorder.¹⁰ We are incarcerating youth with mental disorders, some as young as 8 years old, rather than identifying their disorders early and intervening with appropriate treatment.

Higher Health Care Utilization

- When children with untreated mental disorders become adults, they use more health care services and incur higher health care costs than other adults. Left untreated, childhood disorders are likely to persist and lead to a downward spiral of school failure, limited or non-existent employment opportunities, and poverty in adulthood. No other illnesses harm so many children so seriously.²

Early Identification, Evaluation, and Treatment are Essential to Recovery and Resiliency

- Research shows that early identification and intervention can minimize the long-term disability of mental disorders.²
- Mental disorders in children and adolescents are real and can be effectively treated, especially when identified and treated early.
- Research has yielded important advances in the development of effective treatment for children and adolescents living with mental disorders. Early identification and treatment prevents the loss of critical developmental years that cannot be recovered and helps youth avoid years of unnecessary suffering.¹¹
- Early and effective mental health treatment can prevent a significant proportion of delinquent and violent youth from future violence and crime.¹² It also enables children and adolescents to succeed in school, to develop socially, and to fully experience the developmental opportunities of childhood.

May 2006

¹ U.S. Department of Health and Human Services. *Mental Health: A Report of the Surgeon General*. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health, 1999.

² New Freedom Commission on Mental Health, *Achieving the Promise: Transforming Mental Health Care in America. Final Report*. DHHS Pub. No. SMA-0303832. Rockville, MD: 2003.

³ National Institute of Mental Health Release of landmark and collaborative study conducted by Harvard University, the University of Michigan and the NIMH Intramural Research Program (release dated June 6, 2005 and accessed at www.nimh.nih.gov).

⁴ U.S. Public Health Service, Report of the Surgeon General's Conference on Children's Mental Health: A National Action Agenda. Washington, DC: Department of Health and Human Services, 2000.

⁵ National Strategy for Suicide Prevention: Goals and Objectives for Action. Rockville, MD: U.S. Dept. of Health and Human Services, Public Health Service, 2001.

⁶ Shaffer, D., & Craft, L. "Methods of Adolescent Suicide Prevention." *Journal of Clinical Psychiatry*, 60 (Suppl. 2), 70-74, 1999.

⁷ Kochanek KD, Murphy SL, Anderson RN, Scott C. Deaths: Final data for 2002. National vital statistics reports; vol. 53 no 5. Hyattsville, Maryland: National Center for Health Statistics. 2004.

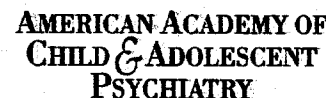
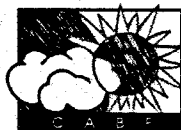
⁸ NGA Center for Best Practices, *Youth Suicide Prevention: Strengthening State Policies and School-Based Strategies*

⁹ U.S. Department of Education, *Twenty-third annual report to Congress on the implementation of the Individuals with Disabilities Education Act*, Washington, D.C., 2001.

¹⁰ Teplin, L. Archives of General Psychiatry, Vol. 59, December 2002.

¹¹ The National Advisory Mental Health Council Workgroup on Child and Adolescent Mental Health Intervention Development and Deployment. "Blueprint for Change: Research on Child and Adolescent Mental Health." Washington, D.C.: 2001.

¹² U.S. Surgeon General, Youth Violence: A Report of the Surgeon General. DHHS. Rockville, MD: 2001.



Improving the Mental Health & Well-being of America's Children

The Facts

Serious emotional and mental disorders in children are real. Empirical research in neuroscience and the behavioral sciences is advancing our understanding of the etiology of these disorders. (Mental Health: A Report of the Surgeon General, 1999).

1. 10% of children and adolescents in the United States suffer from serious emotional and mental disorders that cause significant functional impairment in their day-to-day lives at home, in school and with peers (Mental Health: A Report of the Surgeon General, 1999).
2. In any given year, only 20% of children and adolescents with mental disorders are identified and receive mental health services (Mental Health: A Report of the Surgeon General, 1999).
3. Treatment of many serious emotional and mental disorders is effective. Psychotherapy, behavioral interventions, psychopharmacology and other interventions have been demonstrated to be effective for many childhood disorders. (Mental Health: A Report of the Surgeon General, 1999).
4. Untreated, these disorders can lead to devastating consequences for children.
 - a. Unidentified and untreated mental disorders can mean the loss of critical developmental years and can lead to youth suicide, school failure and involvement with the juvenile justice and criminal justice systems.
 - b. Approximately 50% of students with a mental disorder age 14 and older drop out of high school -- the highest dropout rate of any disability group (U.S. Department of Education, 2001).
 - c. Suicide remains a serious public health concern and is the third leading cause of death in youth aged 10 to 24. More youth and young adults die from suicide than from cancer, heart disease, AIDS, birth defects, stroke, pneumonia, influenza, and chronic lung disease combined (National Strategy for Suicide Prevention, 2001). Research shows that 90% of people who die by suicide suffer from a diagnosable and treatable mental illness at the time of their death (Mental Health: A report of the Surgeon General, 1999).
 - d. 70% of youth involved in state and local juvenile justice systems throughout the country suffer from mental disorders, with at least 20% experiencing symptoms so severe that their ability to function is significantly impaired (Blueprint for Change, National Center for Mental Health and Juvenile Justice, 2006).

The Value of Early Identification and Intervention

1. Mental health is central to the health and well-being of children. Those living with emotional and mental disorders must be identified early and linked with effective services and supports to avoid losing critical developmental years that will simply never be recaptured.
2. Parents play a crucial role in the identification and treatment of childhood emotional and mental disorders. They must drive decisions related to the identification and treatment of mental disorders to help achieve the best outcomes for their children.
3. Schools are in a key position to identify mental health concerns early and to openly communicate concerns with parents. Strong school mental health programs and open communication with families can help to reduce the pain and suffering all too often experienced by youth with undiagnosed and untreated mental and emotional disorders.
4. Treatment decisions must always be made by the parents of the child, in close consultation with a treating physician, and not with any pressure from the school system. Federal law prohibits schools from requiring a child to be placed on medication as a condition for attending school. It simply should never happen in any school in America.

Take Action

We call on you to reject attacks on children's mental health, mental health screening, and the use of medications to treat serious emotional and mental disorders. These attacks often lack reliable data and research to support them and reinforce harmful myths and stereotypes that drive up stigma.

As a coalition of family and provider organizations, we stand ready to work with you to improve children's mental health and well-being in America. We look forward to working with you to ensure the development of effective systems of care and services for children and families.

Coalition Partners

American Academy of Child and Adolescent Psychiatry (AACAP)
Child and Adolescent Bipolar Foundation (CABF)
Children and Adults with Attention-Deficit/Hyperactivity Disorder (CHADD)
Federation of Families for Children's Mental Health (FFCMH)
Mental Health America (MHA – formerly the National Mental Health Association)
National Alliance on Mental Illness (NAMI)